

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Hospital Association PAC

ADDRESS (number and street) ▼

325 Seventh Street, NW

Suite 700

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00106146

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☒ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer

Ms. Melinda Hatton

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
08		01		2013

To:

M M	/	D D	/	Y Y Y Y Y Y
08		31		2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																		
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="6">2013</td></tr></table>	Y	Y	Y	Y	Y	Y	2013							<table><tr><td colspan="6">2014670.42</td></tr></table>	2014670.42					
Y	Y	Y	Y	Y	Y															
2013																				
2014670.42																				
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="6">2578072.59</td></tr></table>	2578072.59																		
2578072.59																				
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="6">173766.08</td></tr></table>	173766.08							<table><tr><td colspan="6">1317200.61</td></tr></table>	1317200.61										
173766.08																				
1317200.61																				
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="6">2751838.67</td></tr></table>	2751838.67							<table><tr><td colspan="6">3331871.03</td></tr></table>	3331871.03										
2751838.67																				
3331871.03																				
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="6">36156.96</td></tr></table>	36156.96							<table><tr><td colspan="6">616189.32</td></tr></table>	616189.32										
36156.96																				
616189.32																				
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="6">2715681.71</td></tr></table>	2715681.71							<table><tr><td colspan="6">2715681.71</td></tr></table>	2715681.71										
2715681.71																				
2715681.71																				
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="6">0.00</td></tr></table>	0.00																		
0.00																				
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="6">0.00</td></tr></table>	0.00																		
0.00																				



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
08 01 2013

To:

M M / D D / Y Y Y Y Y  
08 31 2013
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

102842.04

541472.20

(ii) Unitemized .....

55498.24

210629.35

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

158340.28

752101.55

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

10000.00

15000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

168340.28

767101.55

## 12. Transfers From Affiliated/Other

Party Committees.....

5200.00

546525.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

2000.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

225.80

1574.06

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

173766.08

1317200.61

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

173766.08

1317200.61

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	156.96	3114.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	156.96	3114.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	36000.00	613000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	75.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	75.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	36156.96	616189.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36156.96	616189.32

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	168340.28	767101.55
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	75.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	168340.28	767026.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	156.96	3114.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	156.96	3114.32

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 134  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Victoria Bayless**

Mailing Address 1203 Marina View Drive

City State Zip Code  
 Arnold MD 21012-1885

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anne Arundel Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 01 / 2013

**Transaction ID : 21076297**

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Paul Chidester**

Mailing Address 1408 Five Hill Trail

City State Zip Code  
 Virginia Beach VA 23452-4704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Chesapeake Regional Medical Center

Occupation

Vice President of Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 01 / 2013

**Transaction ID : 21076454**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **C. Mr. John Degruittola**

Mailing Address 953 Winthrope Drive

City State Zip Code  
 Virginia Beach VA 23452-3936

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

SVP, Sales and Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 01 / 2013

**Transaction ID : 21076456**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

955.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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PAGE 7 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Robert Firestone**

Mailing Address 3513 Chlpada Ct

City

Chesapeake

State

VA

Zip Code

23321-4416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Vice President of Operations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 01 / 2013

Transaction ID : 21076457

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. James Hilbert**

Mailing Address 1060 First Colonial Road

City

Virginia Beach

State

VA

Zip Code

23454-3002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Virginia Beach General Hospita

Occupation

CFO/OPTIM Health

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 01 / 2013

Transaction ID : 21076458

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. Kurt Hofelich**

Mailing Address 705 Wild Cherry Court

City

Chesapeake

State

VA

Zip Code

23322-7734

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Norfolk General Hospital

Occupation

President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 01 / 2013

Transaction ID : 21076459

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1050.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 8 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Valerie Keane**

Mailing Address 300 Princess Anne Street

City

Fredericksburg

State

VA

Zip Code

22401-6041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Northern Virginia Medical Cent

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 01 / 2013

**Transaction ID : 21076460**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Richard Magenheimer**

Mailing Address 8110 Gatehouse Road

City

Falls Church

State

VA

Zip Code

22042-1210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inova Health System

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 01 / 2013

**Transaction ID : 21076493**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Ms. Genemarie P McGee**

Mailing Address 3728 Ballahack Road

City

Chesapeake

State

VA

Zip Code

23322-3201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Leigh Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 01 / 2013

**Transaction ID : 21076494**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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PAGE 9 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. David N Mohr**

Mailing Address 306 A 53rd Street

City

Virginia Beach

State

VA

Zip Code

23451

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Vice President Clinical Information

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 01 / 2013

Transaction ID : 21076495

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Ms. Evelyn Olenick MSN, RN, C**

Mailing Address 3000 Coliseum Dr

City

Hampton

State

VA

Zip Code

23666-5963

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Vice President, Patient Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 01 / 2013

Transaction ID : 21076496

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. Dorka M. Picard MHA, FACHE**

Mailing Address 2300 Opitz Boulevard

City

Woodbridge

State

VA

Zip Code

22191-3311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Northern Virginia Medical Cent

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 01 / 2013

Transaction ID : 21076497

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 10 OF 134

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Richard D Hildebrand MD**

Mailing Address 2720 Stone Park Boulevard

City

Sioux City

State

IA

Zip Code

51104-3734

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UnityPoint Health - St. Luke's Health

Occupation

Vice President Medical Affairs and Chi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 02 / 2013

**Transaction ID : 21076808**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Rebecca Anthony**

Mailing Address 100 East Grand Avenue  
Suite 100

City

Des Moines

State

IA

Zip Code

50309-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Vice President, Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 02 / 2013

**Transaction ID : 21076809**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Ms. Maureen Keehnle**

Mailing Address 100 East Grand Avenue  
Suite 100

City

Des Moines

State

IA

Zip Code

50309-1817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Vice President and General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 02 / 2013

**Transaction ID : 21076810**

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

475.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Laura Malone**

Mailing Address 100 East Grand Avenue  
Suite 100

City State Zip Code  
Des Moines IA 50309-1817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Director of Nursing & Clinical Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 02 / 2013

**Transaction ID : 21076811**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Perry J. Meyer**

Mailing Address 1920 SE Olson Drive

City State Zip Code  
Waukee IA 50263-8180

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 02 / 2013

**Transaction ID : 21076812**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Arthur John Spies II**

Mailing Address 100 E. Grand Ave. Suite 100

City State Zip Code  
Des Moines IA 50309-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Senior Vice President, Membership Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 02 / 2013

**Transaction ID : 21076813**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Dennis A. White**

Mailing Address 100 East Graham Avenue  
Suite 100

City State Zip Code  
Des Moines IA 50309-1835

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 02 / 2013

**Transaction ID : 21076814**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Mrs. Janell M. Moerer**

Mailing Address 11600 West Second Place

City State Zip Code  
Lakewood CO 80228-1527

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Anthony Hospital

Occupation

Vice President Strategy and Business D

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 02 / 2013

**Transaction ID : 21076821**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Florence Chang**

Mailing Address 2116 87th Street NW

City State Zip Code  
Gig Harbor WA 98332-7551

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MultiCare Mary Bridge Children's Hospi

Occupation

Senior Vice President, Clinical Suppor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2013

**Transaction ID : 21080662**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Ron Wallin**

Mailing Address 955 SW Fairhaven Drive

City

Oak Harbor

State

WA

Zip Code

98277-4536

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Whidbey General Hospital

Occupation

Commissioner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2013

Transaction ID : 21080663

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Sarah Patterson**

Mailing Address P O Box 900

City

Seattle

State

WA

Zip Code

98111-0900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virginia Mason Medical Center

Occupation

Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 07 / 2013

Transaction ID : 21080664

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mr. Richard L. Miller**

Mailing Address #4 Stony Point Road

City

Charleston

State

WV

Zip Code

25314-1670

FEC ID number of contributing  
federal political committee.

C

Name of Employer

West Virginia Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 07 / 2013

Transaction ID : 21080665

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Jeffrey A Powelson**

Mailing Address Hickory Corner Road  
Route 4, Box 96

City State Zip Code  
Philippi WV 26416-9536

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Broaddus Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2013

**Transaction ID : 21080669**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Mr. David L Ramsey**

Mailing Address 20 Wildacre Drive

City State Zip Code  
Charleston WV 25314-1442

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Charleston Area Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 07 / 2013

**Transaction ID : 21080672**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Mr. James V. Ferando**

Mailing Address P O Box 25489

City State Zip Code  
Phoenix AZ 85002-5489

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Banner Health - Western Region

Occupation

President Western Region

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2013

**Transaction ID : 21080733**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Dana Moore**

Mailing Address 4231 West 16th Avenue

City State Zip Code  
 Denver CO 80204-1335

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Anthony North Hospital

Occupation

Senior Vice President Information Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

08 / 07 / 2013

**Transaction ID : 21080737**

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Ronald J Cork**

Mailing Address 619 E Mayo St

City State Zip Code  
 O'Neill NE 68763-0270

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Avera St. Anthony's Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2013

**Transaction ID : 21080741**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Gary Fletcher**

Mailing Address 190 East Bannock Street

City State Zip Code  
 Boise ID 83712-6241

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Luke's Health System

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 07 / 2013

**Transaction ID : 21080749**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

725.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. James L Angle FACHE**

Mailing Address P O Box 5596

City

Twin Falls

State

ID

Zip Code

83303-5596

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Luke's Magic Valley Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

08 / 07 / 2013

**Transaction ID : 21080750**

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

**B. Ms. Barbara Wells**

Mailing Address 700 South Main Street

City

Moscow

State

ID

Zip Code

83843-3056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gritman Medical Center

Occupation

Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

08 / 07 / 2013

**Transaction ID : 21080751**

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

**C. Mr. Richard G Hilton**

Mailing Address P O Box 1506

City

Starkville

State

MS

Zip Code

39760-1506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OCH Regional Medical Center

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

08 / 02 / 2013

**Transaction ID : 21080773**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

537.50



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 134

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Julie McNeese**

Mailing Address 116 Woodgreen Crossing

City State Zip Code  
 Madison MS 39110-4522

FEC ID number of contributing federal political committee.

C

Name of Employer

MHA Solutions, Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 02 / 2013

Transaction ID : 21080776

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

**B. Mrs. Shawn Rossi**

Mailing Address 116 Woodgreen Crossing

City State Zip Code  
 Madison MS 39110-4522

FEC ID number of contributing federal political committee.

C

Name of Employer

Mississippi Hospital Association

Occupation

VP for Marketing &amp; Public Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.73

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 02 / 2013

Transaction ID : 21080778

Amount of Each Receipt this Period

17.09

Full Name (Last, First, Middle Initial)

**C. Mr. Jeff A Tindle**

Mailing Address 2428 SE 6th Street

City State Zip Code  
 Lees Summit MO 64063-1063

FEC ID number of contributing federal political committee.

C

Name of Employer

Carroll County Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 07 / 2013

Transaction ID : 21080799

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

288.09

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Mary C. Becker**

Mailing Address 7800 South Eagle Road

City  
Columbia

State  
MO

Zip Code  
65203-9017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

Senior VP, Commc. & Health Improvement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

08 / 07 / 2013

**Transaction ID : 21080800**

Amount of Each Receipt this Period

37.50

Full Name (Last, First, Middle Initial)

**B. Mr. Herb B. Kuhn**

Mailing Address 5310 Saddlebrooke Lane

City  
Lohman

State  
MO

Zip Code  
65053-9353

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 07 / 2013

**Transaction ID : 21080807**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Mr. Daniel R. Landon**

Mailing Address 1811 Forest Park Court

City  
Jefferson City

State  
MO

Zip Code  
65109-9782

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

Sr. Vice President, Governmental Relat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 07 / 2013

**Transaction ID : 21080813**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

237.50

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 134  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Ken Paulus**

Mailing Address P O Box 43

City

Minneapolis

State

MN

Zip Code

55440-0043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allina Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 07 / 2013

**Transaction ID : 21080850**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms. Jean Aycok**

Mailing Address 143 Lakecrest Drive. NE

City

Milledgeville

State

GA

Zip Code

31061-9093

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oconee Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 07 / 2013

**Transaction ID : 21080906**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Mark Haney**

Mailing Address 680 Longstreet Drive

City

Marietta

State

GA

Zip Code

30064-3336

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellStar Paulding Hospital

Occupation

President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 07 / 2013

**Transaction ID : 21080915**

Amount of Each Receipt this Period

175.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1175.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. George L Heck III**

Mailing Address 1623 Club Drive

City State Zip Code  
 Douglas GA 31533-7929

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coffee Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

08 / 07 / 2013

**Transaction ID : 21080916**

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**B. Mr. David S Hefner**

Mailing Address 1120 15th Street

City State Zip Code  
 Augusta GA 30912-0004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Georgia Regents Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 07 / 2013

**Transaction ID : 21080922**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Alan Kent**

Mailing Address 583 Limestone Street

City State Zip Code  
 Mount Vernon GA 30445-3044

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Meadows Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 07 / 2013

**Transaction ID : 21080931**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1080.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Donald McKenna**

Mailing Address 1310 Longwood Park

City

Statham

State

GA

Zip Code

30666-3632

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Mary's Health Care System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 07 / 2013

**Transaction ID : 21080936**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Warner L Thomas FACHE**

Mailing Address 1514 Jefferson Highway

City

New Orleans

State

LA

Zip Code

70121-2429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ochsner Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 02 / 2013

**Transaction ID : 21090809**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mr. Clark R. Cosse III**

Mailing Address 9521 Brookline Avenue

City

Baton Rouge

State

LA

Zip Code

70809-8409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Louisiana Hospital Association

Occupation

Chief Governmental Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 02 / 2013

**Transaction ID : 21090810**

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Kenneth E. Alexander**

Mailing Address 9521 Brookline Avenue

City

Baton Rouge

State

LA

Zip Code

70809-1431

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Louisiana Hospital Association

Occupation

VP, Quality and Regulatory Activities

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 02 / 2013

Transaction ID : 21090811

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Kevin Bridwell**

Mailing Address 9521 Brookline Ave.

City

Baton Rouge

State

LA

Zip Code

70809-1431

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Louisiana Hospital Association

Occupation

Vice President of Healthcare Reimburse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 02 / 2013

Transaction ID : 21090812

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ms. Karen Sue Zoeller**

Mailing Address 9521 Brookline Avenue

City

Baton Rouge

State

LA

Zip Code

70809-1431

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Louisiana Hospital Association

Occupation

Vice President, Policy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 02 / 2013

Transaction ID : 21090813

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 134

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Robert Burgess**

Mailing Address 1125 West Highway 30

City State Zip Code  
Gonzales LA 70737-5004

FEC ID number of contributing federal political committee.

C

Name of Employer

St. Elizabeth Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 02 2013

Transaction ID : 21092317

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**B. Mr. Louis H Bremer Jr**

Mailing Address P O Box 1901

City State Zip Code  
Monroe LA 71210-1901

FEC ID number of contributing federal political committee.

C

Name of Employer

St. Francis Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 02 2013

Transaction ID : 21092318

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

**C. Mr. Greg Frost**

Mailing Address 451 Florida St., Bank One Centre

City State Zip Code  
Baton Rouge LA 70801-1700

FEC ID number of contributing federal political committee.

C

Name of Employer

Breazeale Sachse &amp; Wilson, LLP

Occupation

Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 02 2013

Transaction ID : 21092319

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1075.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Wayne M Arboneaux**

Mailing Address 135 Highway 402

City

Napoleonville

State

LA

Zip Code

70390-2217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Assumption Community Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 02 / 2013

**Transaction ID : 21092320**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Mr. Todd Eppler**

Mailing Address P O Box 920

City

Springhill

State

LA

Zip Code

71075-0920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

De Soto Regional Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 02 / 2013

**Transaction ID : 21092321**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Jill Berry Bowen**

Mailing Address 133 Fairfield Street

City

Saint Albans

State

VT

Zip Code

05478-1726

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwestern Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 12 / 2013

**Transaction ID : 21096290**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Barton Buxton EdD**

Mailing Address 1375 North Main Street

City

Lapeer

State

MI

Zip Code

48446-1350

FEC ID number of contributing  
federal political committee.

C

Name of Employer

McLaren Lapeer Region

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 16 / 2013

Transaction ID : 21096291

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Mark R Stoddard**

Mailing Address 48 West 1500 North

City

Nephi

State

UT

Zip Code

84648-8900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Valley Medical Center

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 19 / 2013

Transaction ID : 21096293

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mr. John Hanshaw**

Mailing Address 6985 Union Park Ctr Ste 550

City

Midvale

State

UT

Zip Code

84047-4177

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCA

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 19 / 2013

Transaction ID : 21096294

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Bradley D LeBaron FACHE**

Mailing Address 250 West 300 North, 75-2

City  
Roosevelt

State  
UT

Zip Code  
84066-2336

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Uintah Basin Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 19 / 2013

Transaction ID : 21096295

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Stephen M. Ahnen**

Mailing Address 125 Airport Road

City  
Concord

State  
NH

Zip Code  
03301-7300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

728.00

Date of Receipt

08 / 12 / 2013

Transaction ID : 21096297

Amount of Each Receipt this Period

45.50

Full Name (Last, First, Middle Initial)

**C. Ms. Paula Minnehan**

Mailing Address 283 Gallopiny Hill Road

City  
Hopkinton

State  
NH

Zip Code  
03229-3402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

V.P., Finance and Rural Hospitals

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.00

Date of Receipt

08 / 12 / 2013

Transaction ID : 21096298

Amount of Each Receipt this Period

16.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

561.50

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Leslie K. Melby**

Mailing Address 375 Farrington Colner Road

City

Hopkinton

State

NH

Zip Code

03229-2021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.00

Date of Receipt

08 / 12 / 2013

Transaction ID : 21096299

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

**B. Mr. John M Dawes FACHE**

Mailing Address 1505 West 3rd Street

City

Sedalia

State

MO

Zip Code

65301-3604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bothwell Regional Health Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 08 / 2013

Transaction ID : 21096301

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Mr. Curt Hohman**

Mailing Address 47931 Oak Ridge Place

City

Harrisburg

State

SD

Zip Code

57032-8239

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Avera McKennan Hospital and University

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.50

Date of Receipt

08 / 14 / 2013

Transaction ID : 21096307

Amount of Each Receipt this Period

175.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

491.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 134

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Maureen Keehnle**

Mailing Address 100 East Grand Avenue  
Suite 100

City State Zip Code  
Des Moines IA 50309-1817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Vice President and General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2013

Transaction ID : 21096311

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Mr. Michael P Browning**

Mailing Address 12110 Hawkins Way

City State Zip Code  
Fort Wayne IN 46814-9157

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Parkview Noble Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2013

Transaction ID : 21096417

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. JoEllen Eidam**

Mailing Address 8589 North 200 West

City State Zip Code  
Decatur IN 46733-8839

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Adams Memorial Hospital

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2013

Transaction ID : 21096425

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

625.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 134

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Timothy A Flesch**

Mailing Address 7355 Parkridge Drive

City

Newburgh

State

IN

Zip Code

47630-1832

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Mary's Medical Center of Evansville

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	1	3

**Transaction ID : 21096427**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr. Robert C Keen PhD, FACHE**

Mailing Address 4539 E.500 N.

City

Greenfield

State

IN

Zip Code

46140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hancock Regional Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	1	3

**Transaction ID : 21096442**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Robert D McLin**

Mailing Address 5506 N. Water Tower Road

City

Bruceville

State

IN

Zip Code

47516-6035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Good Samaritan Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	1	3

**Transaction ID : 21096452**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1000.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Gary A Meyer**

Mailing Address 2280 Locust Court East

City

Seymour

State

IN

Zip Code

47274-8672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Schneck Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 14 / 2013

Transaction ID : 21096454

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Martin Padgett**

Mailing Address 1606 Fox Run Trail

City

Jeffersonville

State

IN

Zip Code

47130-8204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Clark Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 14 / 2013

Transaction ID : 21096458

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Leslie D Hirsch FACHE**

Mailing Address 28 MacKenzie Lane North

City

Denville

State

NJ

Zip Code

07834-2954

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Saint Clare's Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

487.50

Date of Receipt

08 / 16 / 2013

Transaction ID : 21096521

Amount of Each Receipt this Period

162.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

912.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Sean J. Hopkins**

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938-5760

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.78

Date of Receipt

08 / 16 / 2013

Transaction ID : 21096522

Amount of Each Receipt this Period

33.04

Full Name (Last, First, Middle Initial)

**B. Ms. Sarah Lechner**

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

08 / 16 / 2013

Transaction ID : 21096528

Amount of Each Receipt this Period

22.75

Full Name (Last, First, Middle Initial)

**C. Mr. Michael Maron**

Mailing Address 345 Grove Street

City

Oradell

State

NJ

Zip Code

07649-2229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Holy Name Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

08 / 16 / 2013

Transaction ID : 21096529

Amount of Each Receipt this Period

1300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1355.79

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Linda U Jordan**

Mailing Address P O Box 1270

City

Ashland

State

AL

Zip Code

36251-1270

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Clay County Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 16 / 2013

**Transaction ID : 21096629**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mr. Lee T Myles**

Mailing Address P O Box 291

City

Lewiston

State

ME

Zip Code

04243-0291

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Mary's Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

08 / 15 / 2013

**Transaction ID : 21096652**

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

**C. Dr. Glenn Crotty Jr MD**

Mailing Address 36 E. Coventry Road

City

Charleston

State

WV

Zip Code

25309-9528

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Charleston Area Medical Center

Occupation

Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 09 / 2013

**Transaction ID : 21096669**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1675.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. George G Couch FACHE, MBA**

Mailing Address 36 Floral Drive

City

Wheeling

State

WV

Zip Code

26003-5464

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wheeling Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 09 / 2013

Transaction ID : 21096671

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Larry C Hudson**

Mailing Address 5035 Bennington Drive

City

Cross Lanes

State

WV

Zip Code

25313-2055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CAMC Teays Valley Hospital

Occupation

Executive Vice President and Chief Fin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 09 / 2013

Transaction ID : 21096672

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Robert D Whitler**

Mailing Address 5 Evergreen Drive

City

Elkview

State

WV

Zip Code

25071-9314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CAMC Teays Valley Hospital

Occupation

Vice President Government and Communit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 09 / 2013

Transaction ID : 21096673

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Daniel Lauffer**

Mailing Address 1039 Pendleton Place

City

Hurricane

State

WV

Zip Code

25526-9484

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Thomas Memorial Hospital

Occupation

Senior Vice President and Chief Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 09 / 2013

**Transaction ID : 21096677**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms. Jeanny Kalaycioglu**

Mailing Address 101 Cherry Drive

City

Shinnston

State

WV

Zip Code

26431-1252

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United Hospital Center

Occupation

Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 09 / 2013

**Transaction ID : 21096678**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Daniel Griess**

Mailing Address 744 W. 16th St

City

Alliance

State

NE

Zip Code

69301-0810

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Box Butte General Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 16 / 2013

**Transaction ID : 21101697**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Julie McNeese**

Mailing Address 116 Woodgreen Crossing

City State Zip Code  
 Madison MS 39110-4522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MHA Solutions, Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.50

Date of Receipt

08 / 15 / 2013

**Transaction ID : 21102319**

Amount of Each Receipt this Period

10.50

Full Name (Last, First, Middle Initial)

**B. Mrs. Shawn Rossi**

Mailing Address 116 Woodgreen Crossing

City State Zip Code  
 Madison MS 39110-4522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mississippi Hospital Association

Occupation

VP for Marketing & Public Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.28

Date of Receipt

08 / 15 / 2013

**Transaction ID : 21102321**

Amount of Each Receipt this Period

8.55

Full Name (Last, First, Middle Initial)

**C. Mr. Richard G Hilton**

Mailing Address P O Box 1506

City State Zip Code  
 Starkville MS 39760-1506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OCH Regional Medical Center

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

08 / 15 / 2013

**Transaction ID : 21102330**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

119.05

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Audrey Moran**

Mailing Address 9356 River Pine Rd

City

Jacksonville

State

FL

Zip Code

32257-4929

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baptist Health

Occupation

Senior Vice President Social Responsib

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2013

**Transaction ID : 21102338**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Mr. James R Nathan**

Mailing Address P O Box 2218

City

Fort Myers

State

FL

Zip Code

33902-2218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lee Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 07 / 2013

**Transaction ID : 21102343**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Mark E Robitaille**

Mailing Address P O Box 9010

City

Stuart

State

FL

Zip Code

34995-9010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Martin Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1045.00

Date of Receipt

08 / 07 / 2013

**Transaction ID : 21102345**

Amount of Each Receipt this Period

1045.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2295.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 134

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mrs. Diane Raines RN, MSN, N**

Mailing Address 800 Prudential Drive

City

Jacksonville

State

FL

Zip Code

32207-8202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baptist Health

Occupation

Senior Vice President & CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 07 / 2013

**Transaction ID : 21102346**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Daryl Tol**

Mailing Address 701 West Plymouth Avenue

City

Deland

State

FL

Zip Code

32720-3236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Hospital Memorial Medical Cent

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 07 / 2013

**Transaction ID : 21102347**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Douglas Baer**

Mailing Address 3599 University Boulevard South

City

Jacksonville

State

FL

Zip Code

32216-4252

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brooks Rehabilitation Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 07 / 2013

**Transaction ID : 21102348**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 38 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John E. Mines**

Mailing Address 1991 Killarney Drive

City

Winter Park

State

FL

Zip Code

32789-3527

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 07 / 2013

**Transaction ID : 21102349**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Ms. Vicki A Darnell**

Mailing Address 217 South Third Street

City

Danville

State

KY

Zip Code

40422-1823

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ephraim McDowell Regional Medical Cent

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 12 / 2013

**Transaction ID : 21102376**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Stephen M. Johnson**

Mailing Address PO Box 20007

City

Owensboro

State

KY

Zip Code

42304-0007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Owensboro Health Regional Hospital

Occupation

Dir. Government & Community Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 12 / 2013

**Transaction ID : 21102377**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Andy Sears**

Mailing Address 8511 Brookside Drive West

City State Zip Code  
Pewee Valley KY 40056-9122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baptist Health

Occupation

VP, Planning & System Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 12 / 2013

**Transaction ID : 21102381**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **B. Ms. Jane Wheatley**

Mailing Address 1700 Old Lebanon Road

City State Zip Code  
Campbellsville KY 42718-9662

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Taylor Regional Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 12 / 2013

**Transaction ID : 21102382**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

## **C. Ms. Dennis T. Dorton**

Mailing Address 719 Twin Oak Drive

City State Zip Code  
Paintsville KY 41240-1080

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Highlands Regional Medical Center

Occupation

Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 12 / 2013

**Transaction ID : 21102383**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1175.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Donald R Fields**

Mailing Address 100 Medical Center Drive

City

Hazard

State

KY

Zip Code

41701-9421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hazard ARH Regional Medical Center

Occupation

Senior Community Chief Executive Offic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 12 / 2013

**Transaction ID : 21102384**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Larry Gray**

Mailing Address 1740 Nicholasville Road

City

Lexington

State

KY

Zip Code

40503-1499

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baptist Health Corbin

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 12 / 2013

**Transaction ID : 21102385**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Carl G Herde**

Mailing Address 4007 Kresge Way

City

Louisville

State

KY

Zip Code

40207-4677

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baptist Health

Occupation

Vice President and Chief Financial Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 12 / 2013

**Transaction ID : 21102943**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 41 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Dennis B Johnson**

Mailing Address 913 North Dixie Avenue

City

Elizabethtown

State

KY

Zip Code

42701-2503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hardin Memorial Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 12 / 2013

**Transaction ID : 21102944**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Bill Kindred**

Mailing Address 111 Old Glasgow Road

City

Edmonton

State

KY

Zip Code

42129-9050

FEC ID number of contributing  
federal political committee.

C

Name of Employer

T. J. Samson Community Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 12 / 2013

**Transaction ID : 21102945**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Mr. Chip Peal**

Mailing Address 299 King's Daughters Drive

City

Frankfort

State

KY

Zip Code

40601-6514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankfort Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 12 / 2013

**Transaction ID : 21102946**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 42 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mrs. Susan Stout Tamme , FACHE**

Mailing Address 4000 Kresge Way

City

Louisville

State

KY

Zip Code

40207-4605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baptist Health Louisville

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 12 / 2013

**Transaction ID : 21102947**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. John W Bluford**

Mailing Address 2301 Holmes Street

City

Kansas City

State

MO

Zip Code

64108-2640

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Truman Medical Center-Lakewood

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21102948**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mr. Gerald D Wages**

Mailing Address 830 South Gloster Street

City

Tupelo

State

MS

Zip Code

38801-4934

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Mississippi Health Services, Inc

Occupation

Executive Vice President for External

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

08 / 22 / 2013

**Transaction ID : 21102953**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 43 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John Dawson**

Mailing Address P O Box 887

City

Kosciusko

State

MS

Zip Code

39090-0887

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Montfort Jones Memorial Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

08 / 22 / 2013

**Transaction ID : 21102954**

Amount of Each Receipt this Period

285.00

Full Name (Last, First, Middle Initial)

**B. Mr. Stephen M. Ahnen**

Mailing Address 125 Airport Road

City

Concord

State

NH

Zip Code

03301-7300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

773.50

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21102956**

Amount of Each Receipt this Period

45.50

Full Name (Last, First, Middle Initial)

**C. Ms. Paula Minnehan**

Mailing Address 283 Gallopiny Hill Road

City

Hopkinton

State

NH

Zip Code

03229-3402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

V.P., Finance and Rural Hospitals

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21102957**

Amount of Each Receipt this Period

16.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

346.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 44 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Mark Szalwinski**

Mailing Address 320 Westlake Avenue North  
Suite 100

City State Zip Code  
Seattle WA 98109-5233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Group Health Cooperative

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
08 / 19 / 2013

**Transaction ID : 21103007**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Mr. C Scott Bond**

Mailing Address 300 Elliott Avenue West, Suite 300

City State Zip Code  
Seattle WA 98119-4122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Washington State Hospital Association

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY  
08 / 19 / 2013

**Transaction ID : 21103008**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

## **C. Ms. Taya Briley RN, MN, JD**

Mailing Address 2312 North 39th Street

City State Zip Code  
Seattle WA 98103-8444

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Washington State Hospital Association

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
08 / 19 / 2013

**Transaction ID : 21103009**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 45 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Cliff Robertson MD**

Mailing Address 1145 Broadway Place  
Suite 1200

City Tacoma State WA Zip Code 98402-3524

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Franciscan Health System

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 19 / 2013

**Transaction ID : 21103010**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Brett Spenst**

Mailing Address 7700 South Broadway Street

City Littleton State CO Zip Code 80122-2602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Littleton Adventist Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21103097**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Steven A Millard**

Mailing Address 2268 E Shalimar Dr

City Eagle State ID Zip Code 83616-6608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Idaho Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 20 / 2013

**Transaction ID : 21103113**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 46 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Douglas Crabtree**

Mailing Address P O Box 2077

City

Idaho Falls

State

ID

Zip Code

83403-2077

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eastern Idaho Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 20 / 2013

**Transaction ID : 21103114**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms Janie G Nirk**

Mailing Address 1010 S. Brincken Rd

City

Potlatch

State

ID

Zip Code

83855-9764

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gritman Medical Center

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

08 / 20 / 2013

**Transaction ID : 21103115**

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

**c. Ms. Sheryl Rickard**

Mailing Address Box 1448

City

Sandpoint

State

ID

Zip Code

83864-0877

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bonner General Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2013

**Transaction ID : 21103116**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1025.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 47 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Sandee Moore**

Mailing Address P O Box 2077

City

Idaho Falls

State

ID

Zip Code

83403-2077

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eastern Idaho Regional Medical Center

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2013

**Transaction ID : 21103117**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr. Jeffrey C. Bond**

Mailing Address 3708 North Bobwhite Drive

City

Ozark

State

MO

Zip Code

65721-6223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lester E. Cox Medical Centers

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 19 / 2013

**Transaction ID : 21103126**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. John Christopher Lang**

Mailing Address 1517 Deer Path

City

Raymore

State

MO

Zip Code

64083-8180

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cass Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 19 / 2013

**Transaction ID : 21103133**

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

625.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 48 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Phillip M. Willcoxon**

Mailing Address 3702 Fawn Trail

City  
Joplin

State  
MO

Zip Code  
64804-6027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Freeman Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 19 / 2013

**Transaction ID : 21103139**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr. Judie Charlton MD**

Mailing Address 328 Rotary Street

City

Morgantown

State

WV

Zip Code

26505-3235

FEC ID number of contributing  
federal political committee.

C

Name of Employer

West Virginia University Hospitals

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21103145**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Anthony Zelenka**

Mailing Address 400 Klee Drive

City

Martinsburg

State

WV

Zip Code

25403-1351

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Berkeley Medical Center

Occupation

Chief Administrative Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21103147**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 49 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Robert O'Neil**

Mailing Address 206 Saint Andrews Drive

City

Morgantown

State

WV

Zip Code

26508-9206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

West Virginia United Health System

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21103148**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Jay E Prager**

Mailing Address 105 Cherokee Drive

City

Moundsville

State

WV

Zip Code

26041-1011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Reynolds Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21103152**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Teresa E. McCabe**

Mailing Address 212 Station Terrace East

City

Martinsburg

State

WV

Zip Code

25403-4006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Healthcare

Occupation

Vice President, Marketing/Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21103154**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

750.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 50 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Bruce McClymonds**

Mailing Address 1431 Mayfield Road

City

Masontown

State

WV

Zip Code

26542-8602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

West Virginia University Hospitals

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21103157**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Tommy H Mullins**

Mailing Address 1521 Spars Creek Road

City

Danville

State

WV

Zip Code

25053-8020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Boone Memorial Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21103158**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Mr. John May**

Mailing Address 7 Sun Bonnett Lane

City

Morgantown

State

WV

Zip Code

26508-2536

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sistersville General Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21103160**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 51 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Sean J. Hopkins**

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938-5760

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.74

Date of Receipt

08 / 02 / 2013

**Transaction ID : 21103219**

Amount of Each Receipt this Period

13.00

Full Name (Last, First, Middle Initial)

**B. Mr. Thomas Auer**

Mailing Address 6001 Dominion Fairways Place

City

Glen Allen

State

VA

Zip Code

23059-6918

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bon Secours-Richmond Community Hospita

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2013

**Transaction ID : 21103337**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Mr. Briggs W Andrews**

Mailing Address P O Box 13727

City

Roanoke

State

VA

Zip Code

24036-3727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carilion Medical Center

Occupation

Senior Vice President Legal Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2013

**Transaction ID : 21103338**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

563.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 52 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Steve Arner**

Mailing Address 3742 Chesterton Street

City State Zip Code  
 Roanoke VA 24018-1804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

Vice President Hospital Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2013

**Transaction ID : 21103339**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Ms. Vernie Baker**

Mailing Address 20 Reserve Rd

City State Zip Code  
 Moneta VA 24121-2783

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

Senior Vice President Medicine

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2013

**Transaction ID : 21103340**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Ms. Sharon M. Bass Jr.**

Mailing Address 2619 Blue Hernon Circle

City State Zip Code  
 Roanoke VA 24018-5133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

Vice President Imaging & Pharmacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2013

**Transaction ID : 21103341**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 134

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Elwood Bernard Boone III FACHE**

Mailing Address 1097 Caton Drive

City State Zip Code  
 Virginia Beach VA 23454-3105

FEC ID number of contributing federal political committee.

C

Name of Employer

Sentara Virginia Beach General Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 13 / 2013

Transaction ID : 21103345

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Joel Bundy**

Mailing Address 2245 Santa Fe Arch

City State Zip Code  
 Virginia Beach VA 23456-6741

FEC ID number of contributing federal political committee.

C

Name of Employer

Sentara CarePlex Hospital

Occupation

Vice President of Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 13 / 2013

Transaction ID : 21103347

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. Robert Burns**

Mailing Address 2817 Avenham Ave SW

City State Zip Code  
 Roanoke VA 24014-1528

FEC ID number of contributing federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 13 / 2013

Transaction ID : 21103348

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 54 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. John Burton M.D.**

Mailing Address P.O. Box 13367

City

Roanoke

State

VA

Zip Code

24033-3367

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carilion Roanoke Community Hospital

Occupation

Chair of Emergency Medicine

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2013

**Transaction ID : 21103351**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr Joseph Butz**

Mailing Address 919 Graydon Ave

City

Norfolk

State

VA

Zip Code

23507-1207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Norfolk General Hospital

Occupation

Vice President, Cardiac & Transplant P

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2013

**Transaction ID : 21103352**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Ms. Kristen Clickner**

Mailing Address 2525 Sanderson Lane

City

Virginia Beach

State

VA

Zip Code

23456-3566

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Vice President Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2013

**Transaction ID : 21103353**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1050.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 55 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Leo DeLeon**

Mailing Address 1060 First Colonial Road

City State Zip Code  
 Virginia Beach VA 23454-3002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Virginia Beach General Hospita

Occupation

Vice President Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2013

**Transaction ID : 21103355**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Thomas D Denberg MD**

Mailing Address PO Box 13727

City State Zip Code  
 Roanoke VA 24036-3727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

Executive VP/Chief Strategy Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2013

**Transaction ID : 21103358**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. William Flattery**

Mailing Address 711 Brookwood Circle

City State Zip Code  
 Roanoke VA 24019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bedford Memorial Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2013

**Transaction ID : 21103359**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1050.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 56 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Ray Wayne Gandee**

Mailing Address 3271 Allendale St SW

City

Roanoke

State

VA

Zip Code

24014-3120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

EVP/Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2013

**Transaction ID : 21103360**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Dr. Terry Gilliland MD**

Mailing Address 5303 Ocean Front Ave

City

Virginia Beach

State

VA

Zip Code

23451-2342

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2013

**Transaction ID : 21103361**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr Daniel Harrington MD**

Mailing Address 8301 Strathmore Ln

City

Roanoke

State

VA

Zip Code

24019-2237

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carilion Roanoke Community Hospital

Occupation

Vice President for Academic Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2013

**Transaction ID : 21103364**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 57 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Kay Hix**

Mailing Address 2784 Lakeview Road

City

Troutville

State

VA

Zip Code

24175-2750

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2013

**Transaction ID : 21103365**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Dr. Alice Ackerman MD**

Mailing Address 3905 Piney Ridge Road

City

Roanoke

State

VA

Zip Code

24033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

Department Chair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2013

**Transaction ID : 21103366**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. William D Jacobsen**

Mailing Address 180 Floyd Avenue

City

Rocky Mount

State

VA

Zip Code

24151-1318

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carilion Franklin Memorial Hospital

Occupation

Vice President, Regional Hospital

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2013

**Transaction ID : 21103367**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 58 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Timothy S. Jennings**

Mailing Address 4715 White Owl Crescenty

City

Chesapeake

State

VA

Zip Code

23321-1250

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Norfolk General Hospital

Occupation

Vice President Pharmacy

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2013

**Transaction ID : 21103368**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Ms. Patti Jurkus**

Mailing Address 207 Springhill Circle

City

Bedford

State

VA

Zip Code

24523-5458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bedford Memorial Hospital

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2013

**Transaction ID : 21103369**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Ms. Natalie Kaszubowski**

Mailing Address 300 East 40th Street

City

Norfolk

State

VA

Zip Code

23504-1010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Vice President Information Technology

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2013

**Transaction ID : 21103370**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1050.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 59 OF 134

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Donna Littlepage**

Mailing Address PO Box 25

City

Roanoke

State

VA

Zip Code

24002-0025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

Vice President, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	13	/	2013

**Transaction ID : 21103373**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Diego Martinez**

Mailing Address 1201 Saunders Dr

City

Fredericksburg

State

VA

Zip Code

22401-2694

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mary Washington Hospital

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	13	/	2013

**Transaction ID : 21103375**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Ms. Betsey Meadows**

Mailing Address 425 Pleasant Point Drive

City

Norfolk

State

VA

Zip Code

23502-5703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	13	/	2013

**Transaction ID : 21103376**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1050.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 60 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Stephen A. Morgan MD**

Mailing Address 2581 Inglewood Road

City

Roanoke

State

VA

Zip Code

24015-4442

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

Senior Vice President and Chief Medica

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2013

**Transaction ID : 21103378**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Ms. Melina Dee Perdue**

Mailing Address 2125 Yellow Mountain Rd  
Unit #307

City

Roanoke

State

VA

Zip Code

24014-2428

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carilion Roanoke Community Hospital

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2013

**Transaction ID : 21103380**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Ms. Megan R Perry**

Mailing Address 2300 Opitz Boulevard

City

Woodbridge

State

VA

Zip Code

22191-3311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Northern Virginia Medical Cent

Occupation

Corporate Vice President and President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2013

**Transaction ID : 21103381**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 61 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Cynthia Rogers**

Mailing Address 914-A Orapax St.

City  
Norfolk

State  
VA

Zip Code  
23507-1357

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bon Secours Maryview Medical Center

Occupation

Admin Director of Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2013

**Transaction ID : 21103385**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Ms. Judie S. Snipes**

Mailing Address 77 Gloucester Court

City  
Troutville

State  
VA

Zip Code  
24175-6625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2013

**Transaction ID : 21103387**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Ms. Michele Tarantino**

Mailing Address 1170 Turning Tide Rd

City  
Moneta

State  
VA

Zip Code  
24121-4547

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

Vice President Corporate Contracting G

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2013

**Transaction ID : 21103390**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 62 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Thomas B Thames MD**

Mailing Address 800 Independence Boulevard

City

Virginia Beach

State

VA

Zip Code

23455-6005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Virginia Beach General Hospita

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2013

**Transaction ID : 21103391**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Ms. Kerri Thornton**

Mailing Address 1412 Sherwood Avenue

City

Roanoke

State

VA

Zip Code

24015-3034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2013

**Transaction ID : 21103392**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. Nathan VanGenderen**

Mailing Address 304 Princess St

City

Alexandria

State

VA

Zip Code

22314-2300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Northern Virginia Medical Cent

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2013

**Transaction ID : 21103393**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 63 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. G. Robert Vaughan Jr.**

Mailing Address 1839 Mt. Vernon Road

City

Roanoke

State

VA

Zip Code

24015-2906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

Vice President Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2013

**Transaction ID : 21103394**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Matthew L Anderson JD**

Mailing Address 2550 University Avenue W.

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President, Regulatory/Strategic A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.97

Date of Receipt

08 / 19 / 2013

**Transaction ID : 21103406**

Amount of Each Receipt this Period

161.52

Full Name (Last, First, Middle Initial)

**C. Mr. Lawrence J Massa**

Mailing Address 2550 University Avenue West, Suite

City

Saint Paul

State

MN

Zip Code

55114-1907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

522.94

Date of Receipt

08 / 19 / 2013

**Transaction ID : 21103419**

Amount of Each Receipt this Period

364.60

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

876.12

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 64 OF 134

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Ben Peltier**
 Mailing Address 2550 University Avenue W.  
 Suite 350-S

City	State	Zip Code
Saint Paul	MN	55114-1907

FEC ID number of contributing federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President, Legal Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2013

Transaction ID : 21103421

Amount of Each Receipt this Period

134.65

Full Name (Last, First, Middle Initial)

**B. Mr. Randy Ulseth**

Mailing Address 301 South Highway 65

City	State	Zip Code
Mora	MN	55051-1899

FEC ID number of contributing federal political committee.

C

Name of Employer

FirstLight Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2013

Transaction ID : 21103426

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Margaret D Sabin**

Mailing Address P O Box 7021

City	State	Zip Code
Colorado Springs	CO	80933-7021

FEC ID number of contributing federal political committee.

C

Name of Employer

Penrose-St. Francis Health Services

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	20	/	2013

Transaction ID : 21103631

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

634.65



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 65 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Anne Cloutre**

Mailing Address 2525 South Downing Street

City

Denver

State

CO

Zip Code

80210-5876

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Porter Adventist Hospital

Occupation

EMS Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2013

**Transaction ID : 21103646**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Michael A Scialdone**

Mailing Address P O Box 1326

City

Colorado Springs

State

CO

Zip Code

80901-1326

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Memorial Health System

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2013

**Transaction ID : 21103647**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Morre Dean**

Mailing Address 9395 Crown Crest Boulevard

City

Parker

State

CO

Zip Code

80138-8573

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Parker Adventist Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 20 / 2013

**Transaction ID : 21103648**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 66 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Sean Barden**

Mailing Address 11422 Bluff's Ridge

City  
Spotsylvania

State  
VA

Zip Code  
22551-8915

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mary Washington Hospital

Occupation

Executive Vice President and Chief Fin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 23 / 2013

**Transaction ID : 21103650**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Robert Broermann**

Mailing Address 6015 Poplar Hall Drive

City  
Norfolk

State  
VA

Zip Code  
23502-3819

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Princess Anne Hospital

Occupation

Senior Vice President and Chief Financ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 23 / 2013

**Transaction ID : 21103652**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. J Michael Burris**

Mailing Address 1105 River Oaks Lane

City  
Charlottesville

State  
VA

Zip Code  
22901-0637

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Martha Jefferson Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 23 / 2013

**Transaction ID : 21103653**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1050.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 67 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Jennifer Burrows**

Mailing Address 4805 Glencore Way

City  
Williamsburg

State Zip Code  
VA 23188-5701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sentara Williamsburg Regional Medical

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 23 / 2013

**Transaction ID : 21103664**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Charles E Carr**

Mailing Address 1 Health Circle

City  
Lexington

State Zip Code  
VA 24450-2448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carilion Stonewall Jackson Hospital

Occupation  
Vice President, Regional Hospital

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 23 / 2013

**Transaction ID : 21103665**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**c. Ms. Barbara J Doyle RN, MS, MH**

Mailing Address 2501 Parker's Lane

City  
Alexandria

State Zip Code  
VA 22306-3209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inova Mount Vernon Hospital

Occupation  
Senior Vice President and Chief Execut

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 23 / 2013

**Transaction ID : 21103667**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 68 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Shirley Holland**

Mailing Address 161 Lila Lane

City

Boones Mill

State

VA

Zip Code

24065-3749

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

Vice President/Strategic Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 23 / 2013

**Transaction ID : 21103676**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Elliot H Kuida**

Mailing Address 459 Locust Avenue

City

Charlottesville

State

VA

Zip Code

22902-9940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Martha Jefferson Hospital

Occupation

Vice President and Chief Operating Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 23 / 2013

**Transaction ID : 21103680**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Bert Reese**

Mailing Address 1513 Quail Point Road

City

Virginia Beach

State

VA

Zip Code

23454-3115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Princess Anne Hospital

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 23 / 2013

**Transaction ID : 21103685**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 69 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Xavier Richardson**

Mailing Address 8121 Lee Jackson Circle

City

Spotsylvania

State

VA

Zip Code

22553-3819

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mary Washington Hospital

Occupation

Executive Vice President Corporate Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 23 / 2013

**Transaction ID : 21103686**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Ms. Patricia L Robertson**

Mailing Address 2 Bernardine Drive

City

Newport News

State

VA

Zip Code

23602-4404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mary Immaculate Hospital

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 23 / 2013

**Transaction ID : 21103688**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. Marshall Ruffin MD**

Mailing Address 300 Wellington Dr

City

Charlottesville

State

VA

Zip Code

22903-4742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inova Health System

Occupation

Chief Technology Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 23 / 2013

**Transaction ID : 21103694**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 70 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Elizabeth Savage-Tracy**

Mailing Address 340 Whispering Knolls Drive

City

Winchester

State

VA

Zip Code

22603-2611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Valley Health System

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 23 / 2013

**Transaction ID : 21103695**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Ms Rachel Schneider**

Mailing Address 2328 Santa Fe Drive

City

Virginia Beach

State

VA

Zip Code

23456-6752

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Director of Network Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 23 / 2013

**Transaction ID : 21103696**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr Toni Strachan**

Mailing Address 103 Barrington Lane

City

Yorktown

State

VA

Zip Code

23693-5637

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 23 / 2013

**Transaction ID : 21103698**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 OF 134  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Andrew P. Weddle**

Mailing Address 2708 Sandy Valley Road

City

Virginia Beach

State

VA

Zip Code

23452-7751

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Princess Anne Hospital

Occupation

Vice President, Revenue Cycle

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 23 / 2013

**Transaction ID : 21103704**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Michael T Donlin FACHE**

Mailing Address 714 Lincoln Street NE

City

Le Mars

State

IA

Zip Code

51031-3314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Floyd Valley Hospital

Occupation

Administrator

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 28 / 2013

**Transaction ID : 21103773**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Kim Price**

Mailing Address 1720 Central Avenue East

City

Hampton

State

IA

Zip Code

50441-1869

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Franklin General Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 28 / 2013

**Transaction ID : 21103774**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 72 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Debrah Chensvold FACHE**

Mailing Address 112 Jefferson Street

City

West Union

State

IA

Zip Code

52175-1022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Palmer Lutheran Health Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 28 / 2013

**Transaction ID : 21103775**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mrs. Karen S Cole MS, FACHE**

Mailing Address 300 Pershing Avenue

City

Shenandoah

State

IA

Zip Code

51601-2355

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Shenandoah Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 28 / 2013

**Transaction ID : 21103776**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Mr. Troy Martens**

Mailing Address 802 Kenyon Road

City

Fort Dodge

State

IA

Zip Code

50501-5740

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UnityPoint Health - Trinity Regional M

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 28 / 2013

**Transaction ID : 21103777**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 73 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Susan K Thompson**

Mailing Address 802 Kenyon Road

City

Fort Dodge

State

IA

Zip Code

50501-5740

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UnityPoint Health - Trinity Regional M

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 28 / 2013

**Transaction ID : 21103778**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Jack Dusenbery**

Mailing Address 3421 West Ninth Street

City

Waterloo

State

IA

Zip Code

50702-5499

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Covenant Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 28 / 2013

**Transaction ID : 21103780**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Peggy Curtin**

Mailing Address 1045 Williams Blvd

City

Springfield

State

IL

Zip Code

62704-2809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. John's Hospital

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2013

**Transaction ID : 21103790**

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 74 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Danny Chun**

Mailing Address 303 North Oak Park Avenue

City State Zip Code  
Oak Park IL 60302-2189

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

VP, Corporate Communications & Marketi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2013

**Transaction ID : 21103792**

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Timothy J Eckels**

Mailing Address 33 Oak Lane

City State Zip Code  
Springfield IL 62712-8611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hospital Sisters Health System

Occupation

Vice President, Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2013

**Transaction ID : 21103793**

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

## **C. Dr. William R Gorski M.D.**

Mailing Address 1400 Charles Street

City State Zip Code  
Rockford IL 61104-2224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SwedishAmerican Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 15 / 2013

**Transaction ID : 21103794**

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 75 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Bjarne Jensen**

Mailing Address 2406 Argonne Ave.

City

Springfield

State

IL

Zip Code

62704-4163

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hospital Sisters Health System

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2013

**Transaction ID : 21103798**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B. Mr. Jay Justice**

Mailing Address 22 Hickory Ridge Lane

City

Springfield

State

IL

Zip Code

62707-9308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hospital Sisters Health System

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 15 / 2013

**Transaction ID : 21103799**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Mr. Evert J Kuiper**

Mailing Address P O Box 340

City

Alton

State

IL

Zip Code

62002-0340

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Saint Anthony's Health Center

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2013

**Transaction ID : 21103800**

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 76 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Keith Allen Page**

Mailing Address 6800 State Route 162

City

Maryville

State

IL

Zip Code

62062-8500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anderson Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2013

**Transaction ID : 21103806**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Larry Ragel**

Mailing Address 800 East Carpenter Street

City

Springfield

State

IL

Zip Code

62769-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. John's Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2013

**Transaction ID : 21103809**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Brian Reardon**

Mailing Address 58 Glen Eagle Drive

City

Springfield

State

IL

Zip Code

62246-1156

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hospital Sisters Health System

Occupation

System Director of Communications & PR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 15 / 2013

**Transaction ID : 21103810**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 77 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Robert C Schmitt II**

Mailing Address P O Box 429

City

Gibson City

State

IL

Zip Code

60936-0429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gibson Area Hospital and Health Servic

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 15 / 2013

**Transaction ID : 21103811**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Ms. Mary Starmann-Harrison FACHE**

Mailing Address P O Box 19456

City

Springfield

State

IL

Zip Code

62794-9456

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hospital Sisters Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

08 / 15 / 2013

**Transaction ID : 21103814**

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

**C. Mr. Jeremy Flynn**

Mailing Address P O Box 3015

City

Naperville

State

IL

Zip Code

60566-7015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Director, Development and Government R

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 15 / 2013

**Transaction ID : 21103816**

Amount of Each Receipt this Period

800.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 78 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Victor A Broccolino**

Mailing Address 5755 Cedar Lane

City  
Columbia

State  
MD

Zip Code  
21044-2999

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Howard County General Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 19 / 2013

**Transaction ID : 21103826**

Amount of Each Receipt this Period

340.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Jeffrey A Matton**

Mailing Address 1132 Nichols Court

City  
Millersville

State  
MD

Zip Code  
21108-2152

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MedStar Good Samaritan Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.50

Date of Receipt

08 / 19 / 2013

**Transaction ID : 21103845**

Amount of Each Receipt this Period

450.50

Full Name (Last, First, Middle Initial)

## **C. Mr. Thomas Lewis**

Mailing Address 1234 Washington Drive

City  
Annapolis

State  
MD

Zip Code  
21403-4700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Johns Hopkins Hospital

Occupation

Vice President Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 19 / 2013

**Transaction ID : 21103862**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1790.50

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 79 OF 134  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Chad R. Austin**

Mailing Address 6518 SW 26th Court

City	State	Zip Code
Topeka	KS	66614-4305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kansas Hospital Association

Occupation

Sr. Vice President, Government Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2013

**Transaction ID : 21103877**

Amount of Each Receipt this Period

60.11

Full Name (Last, First, Middle Initial)

**B. Mr. Steven G Kelly**

Mailing Address P O Box 325

City	State	Zip Code
Newton	KS	67114-0325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Newton Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2013

**Transaction ID : 21103892**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Chad R. Austin**

Mailing Address 6518 SW 26th Court

City	State	Zip Code
Topeka	KS	66614-4305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kansas Hospital Association

Occupation

Sr. Vice President, Government Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2013

**Transaction ID : 21103920**

Amount of Each Receipt this Period

80.14

**SUBTOTAL** of Receipts This Page (optional)..... ►

390.25

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 80 OF 134

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Greg Lundstrom**

Mailing Address 605 West Lincoln Street

City  
LindsborgState  
KSZip Code  
67456-2328FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kansas Hospital Association

Occupation

Director of Hospital Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	3

**Transaction ID : 21103944**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Eugene W Meyer**

Mailing Address 325 Maine Street

City  
LawrenceState  
KSZip Code  
66044-1360FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lawrence Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	3

**Transaction ID : 21103949**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr. David Kapaska DO**

Mailing Address P O Box 5045

City  
Sioux FallsState  
SDZip Code  
57117-5045FEC ID number of contributing  
federal political committee.

C

Name of Employer

Avera McKennan Hospital and University

Occupation

Regional President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	3

**Transaction ID : 21129866**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

750.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 81 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Larry W Veitz**

Mailing Address 1440 North Main Street

City

Spearfish

State

SD

Zip Code

57783-1505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Spearfish Regional Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2013

**Transaction ID : 21129901**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Bonnie Phipps**

Mailing Address 1 Sawgrass Court

City

Timonium

State

MD

Zip Code

21093-7000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Saint Agnes Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : 21129925**

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

**C. Dr. Gene E. Green M.D.**

Mailing Address 708 Springdale Ave.

City

Annapolis

State

MD

Zip Code

21403-2923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Suburban Hospital

Occupation

CEO/President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : 21129942**

Amount of Each Receipt this Period

255.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1015.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 OF 134  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Theresa L. Edelstein**

Mailing Address 27 Harvest Lane

City

Livingston

State

NJ

Zip Code

07039-2750

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.50

Date of Receipt

08 / 30 / 2013

Transaction ID : 21130191

Amount of Each Receipt this Period

19.50

Full Name (Last, First, Middle Initial)

**B. Mr. Leslie D Hirsch FACHE**

Mailing Address 28 MacKenzie Lane North

City

Denville

State

NJ

Zip Code

07834-2954

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Saint Clare's Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

08 / 30 / 2013

Transaction ID : 21130195

Amount of Each Receipt this Period

162.50

Full Name (Last, First, Middle Initial)

**C. Mr. Sean J. Hopkins**

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938-5760

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.82

Date of Receipt

08 / 30 / 2013

Transaction ID : 21130196

Amount of Each Receipt this Period

33.04

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

215.04

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 83 OF 134

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Sarah Lechner**

Mailing Address 760 Alexander Road

City  
PrincetonState  
NJZip Code  
08540-6305FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.75

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	30	/	2013

**Transaction ID : 21130201**

Amount of Each Receipt this Period

227.75

Full Name (Last, First, Middle Initial)

**B. Dr. Daniel J Messina PhD, FACHE**

Mailing Address 17 Coverly Avenue

City

Staten Island

State

NY

Zip Code

10301-4549

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CentraState Healthcare System

Occupation

Senior Vice President and Chief Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	30	/	2013

**Transaction ID : 21130203**

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

**C. Mr. Roger D. Sarao Jr.**

Mailing Address 4 Poppy Lane

City

Howell

State

NJ

Zip Code

07731-1451

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	30	/	2013

**Transaction ID : 21130210**

Amount of Each Receipt this Period

19.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

269.75

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 84 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Tom Clark**

Mailing Address 806 N Foster

City

Mitchell

State

SD

Zip Code

57301-2107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Avera Queen of Peace Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21130219**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms. Rochelle Reider**

Mailing Address 525 N Foster St

City

Mitchell

State

SD

Zip Code

57301-2966

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Avera Queen of Peace Hospital

Occupation

Vice President of Patient Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21130270**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Gale N Walker**

Mailing Address 401 West Glynn Drive

City

Parkston

State

SD

Zip Code

57366-9605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Avera St. Benedict Health Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21130274**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 85 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Gordon Larson**

Mailing Address 3015 3rd Avenue SE

City

Aberdeen

State

SD

Zip Code

57401-5418

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sanford Aberdeen Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21130283**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Steve Goetsch**

Mailing Address 2320 Sienna Circle

City

Tea

State

SD

Zip Code

57064-2334

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sanford Health

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21130291**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Mark H Shuter**

Mailing Address 272 Hospital Road

City

Chillicothe

State

OH

Zip Code

45601-9031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Adena Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21130363**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 86 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Fred M DeGrandis**

Mailing Address 18101 Lorain Avenue

City

Cleveland

State

OH

Zip Code

44111-5612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cleveland Clinic Health System

Occupation

Chair, Community Physician Partnership

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21130374**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Mr. Yousuf Ahmad**

Mailing Address 912 Appleblossom Drive

City

Villa Hills

State

KY

Zip Code

41017-3817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Springfield Regional Medical Center

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21130384**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. David Pike**

Mailing Address 10528 Bristow Lakes Dr

City

Independence

State

KY

Zip Code

41051-8576

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Health Partners - Southwest Ohio

Occupation

Vice President Mission & Outreach

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21130387**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 87 OF 134

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Ryan Biles**Mailing Address 1503 Runaway Bay Drive  
Suite 1B

City	State	Zip Code
Columbus	OH	43204-4814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Hospital Association

Occupation

Director, Health Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2013

**Transaction ID : 21130388**

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**B. Dr. James M Sudimack MD**

Mailing Address 2774 Timber Creek Dr. N

City	State	Zip Code
Cortland	OH	44410-1756

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Hospital Association

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2013

**Transaction ID : 21130390**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Ross A Matlack FACHE**

Mailing Address 272 Benedict Avenue

City	State	Zip Code
Norwalk	OH	44857-2374

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fisher-Titus Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2013

**Transaction ID : 21130397**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1750.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 88 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. James E. May**

Mailing Address 731 Elm Ave.

City

Terrace Park

State

OH

Zip Code

45174-1203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Health Partners - Southwest Ohio

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21130398**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr. Steven Gabbe MD**

Mailing Address 297 Stanberry Ave

City

Bexley

State

OH

Zip Code

43209-1468

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio State University Wexner Medical C

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21130405**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. William Annable**

Mailing Address 2464 Guilford RD

City

Cleveland Heights

State

OH

Zip Code

44118-4104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Hospitals

Occupation

Chief Quality Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21130406**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 89 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Fred C Rothstein MD**

Mailing Address 1080 W. Hill Drive

City

Gates Mills

State

OH

Zip Code

44040-9627

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Hospitals Case Medical Cent

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21130410**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Steven Standley**

Mailing Address 3605 Warrensville Center Rd # MSC9

City

Beachwood

State

OH

Zip Code

44122-5203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Vincent Charity Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21130411**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Paul Tait**

Mailing Address 6560 Thorntree Drive

City

Brecksville

State

OH

Zip Code

44141-1769

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Hospitals

Occupation

Sr VP, Strategic Planning & Bus Develo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21130412**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 90 OF 134  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Thomas F Zenty III**

Mailing Address 11100 Euclid Avenue

City

Cleveland

State

OH

Zip Code

44106-1716

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Hospitals

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	26	/	2013

**Transaction ID : 21130413**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Greg Sanders**

Mailing Address 6131 Willow Lake Drive

City

Hudson

State

OH

Zip Code

44236-3953

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake Health

Occupation

Executive Director, Lake Health Founda

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	26	/	2013

**Transaction ID : 21130414**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Mr Rick Cicero**

Mailing Address 7946 Deborah Court

City

Mentor

State

OH

Zip Code

44060-7320

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake Health

Occupation

Vice President Business Development

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	26	/	2013

**Transaction ID : 21130415**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1100.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 91 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Steve Karns**

Mailing Address 6379 Ledge Lake Ct.

City

Painesville

State

OH

Zip Code

44077-9749

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake Health

Occupation

Senior Vice President Admin Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21130416**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Michael Kittoe**

Mailing Address 1429 Oakwood Tr

City

Painesville

State

OH

Zip Code

44077-7616

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake Health

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21130417**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **C. Ms. Mary Ogrinc**

Mailing Address 1980 E. 221st Street

City

Euclid

State

OH

Zip Code

44117-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake Health

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21130418**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 OF 134  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Gary J Robinson**

Mailing Address 10 East Washington Street

City State Zip Code  
Painesville OH 44077-3460

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake Health

Occupation

Vice President Government and Communit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 26 / 2013

**Transaction ID : 21130419**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Ms. Joyceanne Taylor**

Mailing Address 9125 Taylor-May Rd.

City State Zip Code  
Chagrin Falls OH 44023-1641

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake Health

Occupation

Chief Quality Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 26 / 2013

**Transaction ID : 21130420**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Mr. James A Kingsbury**

Mailing Address 3200 Burnet Avenue

City State Zip Code  
Cincinnati OH 45229-3019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UC Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 26 / 2013

**Transaction ID : 21130458**

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 93 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Lee Ann Liska**

Mailing Address 7141 Ravens Run Drive

City State Zip Code  
Cincinnati OH 45244

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21130459**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Charles H Pangburn III**

Mailing Address 1650 Tartan Dr

City State Zip Code  
Ft Wright KY 41011-1878

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UC Health

Occupation

Senior Vice President, General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21130460**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. William Portman**

Mailing Address 4 Hill and Hollow Lane

City State Zip Code  
Cincinnati OH 45208-3317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UC Health

Occupation

Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21130461**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

750.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 94 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Jeffrey L. Wyler**

Mailing Address 3200 Burnet Avenue

City

Cincinnati

State

OH

Zip Code

45229-3099

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UC Health

Occupation

Trustee

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21130464**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Richard Hanson**

Mailing Address 12340 Bass Lake Road

City

Chardon

State

OH

Zip Code

44024-8327

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Hospitals

Occupation

President, Community Hospitals & Ambul

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21130465**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Michael Szubski**

Mailing Address 2375 Springside Oval

City

Brecksville

State

OH

Zip Code

44141-3358

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Hospitals

Occupation

Chief Financial Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21130468**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 95 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Tim Colburn**

Mailing Address 600 North Pickaway Street

City State Zip Code  
 Circleville OH 43113-1447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Berger Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21130469**

Amount of Each Receipt this Period

227.00

Full Name (Last, First, Middle Initial)

**B. Mr. Matthew J Perry**

Mailing Address 1771 Longhill Drive

City State Zip Code  
 Zanesville OH 43701-7239

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Genesis HealthCare System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21130478**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Mr. Keith T Coleman**

Mailing Address 272 Hospital Road

City State Zip Code  
 Chillicothe OH 45601-9031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mount Carmel

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21130479**

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1377.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 96 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John Lawson**

Mailing Address 1004 Sunbury Lake Dr

City State Zip Code  
 Westerville OH 43082-7468

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mount Carmel

Occupation

Divisional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21130482**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr. Kevin C Webb PhD**

Mailing Address 2142 North Cove Boulevard

City State Zip Code  
 Toledo OH 43606-3895

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ProMedica Toledo Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21130483**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Michael Vehovec**

Mailing Address 11100 Euclid Avenue

City State Zip Code  
 Cleveland OH 44106-2602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Hospitals Case Medical Cent

Occupation

Vice President and Corporate Controlle

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : 21130486**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 97 OF 134

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Denise Matricciani**

Mailing Address 4423 Necker Avenue

City

Nottingham

State

MD

Zip Code

21236-2968

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maryland Hospital Association

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2013

**Transaction ID : 21143948**

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

**B. Ms. Melinda Reid Hatton**Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President &amp; General Course

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

653.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2013

**Transaction ID : PR1045726228615**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. David Schulke**

Mailing Address 155 N. Wacker Dr.

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

VP Research Programs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

653.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2013

**Transaction ID : PR1057462128615**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

408.88

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 98 OF 134

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Sarah B. Macchiarola**
 Mailing Address 325 Seventh Street, NW  
 Suite 700

City	State	Zip Code
Washington	DC	20004-2818

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	3		

Transaction ID : PR1082532728615

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Barbara Jellen**

Mailing Address 206 N Royal St

City	State	Zip Code
Alexandria	VA	22314-2627

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Section Director, Constituency Section

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	3		

Transaction ID : PR1113464228615

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Lisa Allen**

Mailing Address One North Franklin

City	State	Zip Code
Chicago	IL	60606-3436

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Sr. Vice President, Chief Human Resour

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	3		

Transaction ID : PR1118928228615

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

80.82

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 99 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Dale A Kirby MHA**

Mailing Address P O Box 331

City

Colusa

State

CA

Zip Code

95932-0331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR1125892328615**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Mary Meadows**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director of Professional Practice, AON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR1260472928615**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Jack A. Mackay**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President & CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR1347703628615**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

142.36

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 100 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Susan Gergely**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director of Operations, AONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR1347791028615**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Ms. Heather Drevna**

Mailing Address 3205 Ravensworth PL

City

Alexandria

State

VA

Zip Code

22302-2107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director Advocacy and Member Communica

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR1348169728615**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Sharon Allen**

Mailing Address 155 N Wacker Dr

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASHHRA

Occupation

Associate Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR1474886228615**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

80.82

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 101 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Mark Colucci**

Mailing Address 1061 N Penny Ln

City

Palatine

State

IL

Zip Code

60067-1821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

National Director Sponsorship and Unde

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR1475133728615**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Fannie D. Wade**

Mailing Address 7706 Heartwood Lane

City

Upper Marlboro

State

MD

Zip Code

20772-4323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR1476385728615**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mrs. Stephanie H Drake**

Mailing Address 155 N. Wacker Drive

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASHHRA

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR1492459928615**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

142.36

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 102 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Monica D Day**

Mailing Address 4321 Telfair Blvd  
D319

City State Zip Code  
Suitland MD 20746-4271

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Political Affairs Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR1516850628615**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Elisa Arespachoga**

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Director, Constituency Secti

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR1555656228615**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**c. Ms. Kathy Poole**

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Governance Projects

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR1589439928615**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

80.82

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 103 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Kimberly Baker**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director Travel Meeting Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1590809128615

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. Bob Kehoe**

Mailing Address 155 N Wacker Dr Fl 7

City

Chicago

State

IL

Zip Code

60606-1787

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Editor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1625368328615

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Bill Ladewski**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Membership Associate, CHG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2013

Transaction ID : PR1625369128615

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

80.82

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 104 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Monique Showalter**

Mailing Address One North Franklin

City  
Chicago

State  
IL

Zip Code  
60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Marketing AHA Solutions, Inc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR1625602228615**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. Stephen Hines**

Mailing Address 155 North Wacker Drive

City  
Chicago

State  
IL

Zip Code  
60606-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

VP, Research HRET

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR1648726628615**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Erik Rasmussen**

Mailing Address 325 Seventh Street, NW  
Suite 700

City  
Washington

State  
DC

Zip Code  
20004-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR1819487928615**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.82



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 105 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Aimee Kuhlman**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director Fed. Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR1877582328615**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Ms. Shari Dexter**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Political Action

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.08

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR1878189828615**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Ms. Joanna Kim**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR1913190528615**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

92.36

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 OF 134  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Evelyn Knolle**

Mailing Address 325 Seventh Street, NW

City  
Washington

State Zip Code  
DC 20004-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Policy -TR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR1913190728615**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Ms. Janet Henderson**

Mailing Address 155 North Wacker Drive

City  
Chicago

State Zip Code  
IL 60606-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR1937843128615**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Ms. Diane Jones**

Mailing Address 325 Seventh Street, NW  
Suite 700

City  
Washington

State Zip Code  
DC 20004-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Sr Assoc Dir Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR1943461528615**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.44

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 107 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Linda Fishman**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President, Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR327629128615**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Mr. Michael P. McCue**

Mailing Address 122 N. Greenwood Avenue

City Park Ridge State IL Zip Code 60068-3227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR327771628615**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Ms. Suzanne R. Sonik**

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Long-Term Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR327777228615**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

192.36

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 108 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Debra J. Stock**

Mailing Address 1022 S. Harvey Avenue

City

Oak Park

State

IL

Zip Code

60304-2132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR32777828615**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. Neil Jesuele**

Mailing Address 155 N Wacker Dr

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR327801728615**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Pamela Austin Thompson RN, MSN**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Chief Executive Officer, AONE & Sr. Vi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR327812028615**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

192.36

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 109 OF 134  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Joan H. Lewis**

Mailing Address 6034 North 22nd Street

City State Zip Code  
Arlington VA 22205-3408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR327831728615**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. Robert J. Donovan**

Mailing Address One North Franklin Street

City State Zip Code  
Chicago IL 60606-4425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Meetings & Travel Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR327846228615**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Ellen A. Pryga**

Mailing Address 2401 Calvert Street, NW  
Apt. 1008

City State Zip Code  
Washington DC 20008-2614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Policy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR327851928615**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

103.90

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 OF 134  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Mark Seklecki**

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR327858028615**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. John F. Barry**

Mailing Address One North Franklin

City State Zip Code  
Millis MA 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR327877828615**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**c. Mr. George F. Bergstrom**

Mailing Address 130 North Garland Court  
#3002

City State Zip Code  
Chicago IL 60602-4750

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR327895728615**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.82

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 111 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Eileen M. Collins Offner**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director Policy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR327906128615**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Ms. Judy Williams**

Mailing Address One North Franklin Street

City Chicago State IL Zip Code 60606-4425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director Membership

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR327918928615**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Mr. Richard J. Umbdenstock**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR328132828615**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

130.82

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 112 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Barbara Lorsbach**

Mailing Address 204 7th Ave

City

La Grange

State

IL

Zip Code

60525-6406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR328136928615**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Donna J. Melkonian**

Mailing Address 5545 North Wayne

City

Chicago

State

IL

Zip Code

60640-1318

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR328223828615**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Ron O. Purcell**

Mailing Address 1093 N. Faldo Way

City

Eagle

State

ID

Zip Code

83616-5369

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR328241428615**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.82



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 113 OF 134  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Richard J. Pollack**

Mailing Address 3475 North Venice Street

City

Arlington

State

VA

Zip Code

22207-4446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

653.99

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	3		

**Transaction ID : PR328260928615**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Carolyn Forcina**

Mailing Address 200 Clover Hill Court

City

Yardley

State

PA

Zip Code

19067-5736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

653.99

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	3		

**Transaction ID : PR328511828615**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Alicia N. Mitchell**

Mailing Address 1501 N. Harrison Street

City

Arlington

State

VA

Zip Code

22205-2726

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President, Communications

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

653.99

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	3		

**Transaction ID : PR328512028615**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

230.82

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 114 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. George Arges**

Mailing Address One North Franklin St.

City State Zip Code  
 Chicago IL 60606-4425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Director, Health Data Managemen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR328641128615**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Mr. Anthony S Burke**

Mailing Address 155 N Wacker Dr

City State Zip Code  
 Chicago IL 60606-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AHA Solutions, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR328913328615**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Ms. Rebecca Chickey**

Mailing Address One North Franklin Street

City State Zip Code  
 Chicago IL 60606-4425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

SPSA Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR329013428615**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

153.90

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 115 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. John R. Combes**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

President & Chief Operating Officer, C

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR329071328615**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Robyn L. Bash**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR329084428615**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. W. Thomas Deweese**

Mailing Address 500 Interstate Boulevard South

City

Nashville

State

TN

Zip Code

37210-4634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

AHA Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR329215728615**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

192.36

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 116 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John Evans**

Mailing Address One North Franklin Street

City State Zip Code  
Chicago IL 60606-4425

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
American Hospital Association-Chicago Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR329342628615**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Patricia Meersman**

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
American Hospital Association-Chicago Senior Director Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR330343328615**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Thomas Misfeldt**

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
American Hospital Association-Chicago Associate Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR330411628615**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

142.36

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 117 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Maureen D. Mudron**

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Deputy General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR330465228615**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. Paul N. Muraca**

Mailing Address 4960 138th Circle West

City State Zip Code  
Apple Valley MN 55124-9229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR330475428615**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Gene O'Dell**

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR330547728615**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

142.36

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 118 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Eileen O'Keefe**

Mailing Address 172 Atteridge

City

Lake Forest

State

IL

Zip Code

60045-1715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Constituency Section

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2013

Transaction ID : PR330549228615

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. Anthony Spohn**

Mailing Address 3219 N. Oriole

City

Chicago

State

IL

Zip Code

60634-3232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Director, Associate Membersh

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

08 / 31 / 2013

Transaction ID : PR331098328615

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Debi H. Tucker Esq.**

Mailing Address 1101 N. Kentucky Street

City

Arlington

State

VA

Zip Code

22205-3515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, State Issues Forum

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

08 / 31 / 2013

Transaction ID : PR331278828615

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

153.90

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 119 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Darlene S. Vanderbush**

Mailing Address 26 West Glendale Ave.

City

Alexandria

State

VA

Zip Code

22301-2402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director Advocacy and Public Policy Op

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR331304228615**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Jo Ann Webb**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Sr. Director Federal Relations & Polic

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR331379128615**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Judy Weinsheimer**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR331386928615**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

130.82

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 120 OF 134

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Dale Woodin**

Mailing Address 800 W. Central Road

City

Arlington Heights

State

IL

Zip Code

60005-2349

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Director, ASHE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR331481328615**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Megan Cundari**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR518031928615**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Laura M. Werner**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Associate Director, Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

08 / 31 / 2013

**Transaction ID : PR560101528615**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

142.36



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 OF 134

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Carlos Jackson**

Mailing Address 325 Seventh Street, NW

City State Zip Code  
Washington DC 20004-2802

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Associate Director, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 31 2013

Transaction ID : PR566280928615

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Ashley B. Thompson**

Mailing Address 606 S. Royal St.

City State Zip Code  
Alexandria VA 22314-4142

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 31 2013

Transaction ID : PR766023728615

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Rochelle M. Archuleta**Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 31 2013

Transaction ID : PR801366328615

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

142.36

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 OF 134

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Lisa Kidder Hrobksy**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 31 / 2013

Transaction ID : PR876637228615

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

38.48

102842.04

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 OF 134  
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Health PAL**

Mailing Address 220 Fairmont Avenue NE

City State Zip Code  
 Warren OH 44483

FEC ID number of contributing  
federal political committee.

**C** C00516880

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**08 / 26 / 2013**

**Transaction ID : 21129861**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. Health Education and Learning Political Action Committee(HEALPAC)-Federal**

Mailing Address 230 West McCarty Street

City State Zip Code  
 Jefferson City MO 65101

FEC ID number of contributing  
federal political committee.

**C** C00478362

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**08 / 26 / 2013**

**Transaction ID : 21132403**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10000.00

10000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 OF 134

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Wisconsin Hospital Association Federal PAC**

Mailing Address 5510 Research Park Drive  
PO Box 259038

City	State	Zip Code
Madison	WI	53725-9038

FEC ID number of contributing  
federal political committee. **C** C00422881

Name of Employer	Occupation
------------------	------------

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2013

Transaction ID : 21080586

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. New York Hospital & Healthcare Assoc. FED PAC**

Mailing Address One Empire Drive

City	State	Zip Code
Rensselaer	NY	12144

FEC ID number of contributing  
federal political committee. **C** C00160259

Name of Employer	Occupation
------------------	------------

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

165000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2013

Transaction ID : 21080587

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Wisconsin Hospital Association Federal PAC**

Mailing Address 5510 Research Park Drive  
PO Box 259038

City	State	Zip Code
Madison	WI	53725-9038

FEC ID number of contributing  
federal political committee. **C** C00422881

Name of Employer	Occupation
------------------	------------

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2013

Transaction ID : 21102950

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

5200.00

TOTAL This Period (last page this line number only)..... ►

5200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 125 OF 134

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. TD Bank**

Mailing Address 901 Seventh Street, NW

City  
Washington

State Zip Code  
DC 20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1574.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 30 / 2013

**Transaction ID : 21129868**

Amount of Each Receipt this Period

225.80

Interest Earned

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.80

225.80

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 126 OF 134

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address Ste. 001

City Chicago    State IL    Zip Code 60679

Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:    District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2013
**Transaction ID : 21130347**

Amount of Each Disbursement this Period

11.38

Merchant Fees

Full Name (Last, First, Middle Initial)

**B. Newtek Merchant Solutions**

Mailing Address 744 N 4th Street

City Milwaukee    State WI    Zip Code 53203

Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:    District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 05 / 2013
**Transaction ID : 21130348**

Amount of Each Disbursement this Period

91.80

Merchant Fees

Full Name (Last, First, Middle Initial)

**C. Paymentech**Mailing Address 14221 Dallas Parkway  
Building Two

City Dallas    State TX    Zip Code 75254

Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:    District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 06 / 2013
**Transaction ID : 21130349**

Amount of Each Disbursement this Period

28.50

Merchant Fees

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

131.68

131.68

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 127 OF 134

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dan Coats For Indiana**

Mailing Address PO Box 301141

City	State	Zip Code
Indianapolis	IN	46230

Purpose of Disbursement  
2016 Contribution

Candidate Name

**Sen. Daniel Coats**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2013

**Transaction ID : 21076714**

Amount of Each Disbursement this Period

1000.00
---------

2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Dave Camp For Congress**Mailing Address 5915 Eastman Avenue  
Suite 100

City	State	Zip Code
Midland	MI	48640

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. David Lee Camp**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2013

**Transaction ID : 21076716**

Amount of Each Disbursement this Period

3000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Castor For Congress**

Mailing Address 301 W Platt Street, #385

City	State	Zip Code
Tampa	FL	33606

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Katherine Castor**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: FL District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2013

**Transaction ID : 21076717**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00
---------

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 128 OF 134

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Anna Eshoo For Congress**

Mailing Address 555 Capitol Mall, Suite 1425

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Anna G. Eshoo**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2013

**Transaction ID : 21076718**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Pete King For Congress Committee**

Mailing Address PO Box 1428

City	State	Zip Code
Seaford	NY	11783

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Peter T. King**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2013

**Transaction ID : 21076719**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Alan Lowenthal For Congress**

Mailing Address 6380 Wilshire Blvd., #1612

City	State	Zip Code
Los Angeles	CA	90048

Purpose of Disbursement  
Contribution

011

Candidate Name

**Alan Lowenthal**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 47

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2013

**Transaction ID : 21076727**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 129 OF 134

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Moran For Congress**Mailing Address 311 North Washington Street  
Suite 200I

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. James P. Moran**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: VA District: 08Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2013

**Transaction ID : 21076728**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Quigley For Congress**

Mailing Address PO Box 13040

City Chicago State IL Zip Code 60613

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Michael Quigley**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: IL District: 05Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2013

**Transaction ID : 21076729**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Cathy McMorris Rodgers For Congress**

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Cathy McMorris Rodgers**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: WA District: 05Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2013

**Transaction ID : 21076731**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 130 OF 134

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Friends Of Bennie Thompson**

Mailing Address P.O. Box 100

City	State	Zip Code
Bolton	MS	39041

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Bennie G. Thompson**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2013

**Transaction ID : 21076744**

Amount of Each Disbursement this Period

1500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Whitfield For Congress Committee**

Mailing Address P.O. Box 391

City	State	Zip Code
Hopkinsville	KY	42241

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Edward Whitfield**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2013

**Transaction ID : 21076746**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Rob Wittman For Congress**

Mailing Address PO Box 999

City	State	Zip Code
Montross	VA	22520

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Robert J. Wittman**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2013

**Transaction ID : 21076749**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00
---------

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 131 OF 134

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mike Rogers For Congress**

Mailing Address 123 East 13th Street

City	State	Zip Code
Anniston	AL	36201

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Michael D. Rogers**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	--

Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General
------------------------	---	----------------------------------

State: AL District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2013

**Transaction ID : 21076751**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Kevin McCarthy For Congress**

Mailing Address PO Box 12667

City	State	Zip Code
Bakersfield	CA	93389

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Kevin McCarthy**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	--

Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General
------------------------	--	---

State: CA District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2013

**Transaction ID : 21076752**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Gloria Negrete McLeod For Congress**

Mailing Address 5415 Francis Ave

City	State	Zip Code
Chino	CA	91710

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Gloria Negrete McLeod**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	--

Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General
------------------------	---	----------------------------------

State: CA District: 35

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2013

**Transaction ID : 21076753**

Amount of Each Disbursement this Period

750.00
--------

Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7750.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 132 OF 134

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Sanford Bishop For Congress**

Mailing Address P. O. Box 909

City	State	Zip Code
Columbus	GA	31902

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Sanford D. Bishop Jr.**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: GA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2013

**Transaction ID : 21076754**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Simpson For Congress**

Mailing Address 1487 Parkway Drive

City	State	Zip Code
Blackfoot	ID	83221

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Mike K. Simpson**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: ID District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2013

**Transaction ID : 21076756**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Susan Brooks**Mailing Address 9425 N Meridian Street  
# 237

City	State	Zip Code
Indianapolis	IN	46260

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Susan Brooks**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IN District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2013

**Transaction ID : 21076758**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
---------

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 133 OF 134

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Kansans For Huelskamp**

Mailing Address PO Box 410

City	State	Zip Code
Fowler	KS	67844

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Tim Huelskamp**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2013

**Transaction ID : 21076759**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Bill Owens For Congress**

Mailing Address PO Box 1575

City	State	Zip Code
Plattsburgh	NY	12901

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Bill Owens**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2013

**Transaction ID : 21076760**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Brian Higgins For Congress**

Mailing Address P.O. Box 28

City	State	Zip Code
Buffalo	NY	14220

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Brian M. Higgins**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2013

**Transaction ID : 21092843**

Amount of Each Disbursement this Period

250.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2250.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 134 OF 134

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Off the Sidelines PAC**

Mailing Address P.O. BOX 78182

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**Off the Sidelines PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2013

**Transaction ID : 21092849**

Amount of Each Disbursement this Period

2500.00
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2013 Contribution

Full Name (Last, First, Middle Initial)

**B. Alexander For Senate 2014 Inc**

Mailing Address 228 S Washington Street Suite 115

City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Lamar Alexander**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2013

**Transaction ID : 21092850**

Amount of Each Disbursement this Period

1000.00
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Contribution

Full Name (Last, First, Middle Initial)

**C. Marc Veasey Congressional Campaign Committee**

Mailing Address PO Box 50084

City  
Fort WorthState  
TXZip Code  
76105Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Marc Veasey**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX

District: 33

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2013

**Transaction ID : 21092851**

Amount of Each Disbursement this Period

2500.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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36000.00
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